

## U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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## FOOD AND DRUG ADMINISTRATION

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## CENTER FOR BIOLOGICS EVALUATION AND RESEARCH

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## BIOLOGICAL RESPONSE MODIFIERS ADVISORY COMMITTEE

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WEDNESDAY,

SEPTEMBER 17, 1997

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The Advisory Committee met in Conference Room 121, Building 29 at the National Institutes of Health, Bethesda, Maryland, at 5:00 p.m., Dr. Ellin Berman, Acting Committee Chair, presiding.

PRESENT:

Ellin R. Berman, Chair

Hugh Auchincloss, Board Member

Richard Goldsby, Board Member

Pamela Hartigan, Board Member

Richard Hong, Board Member

Eugenie Kleinerman, Board Member

Abbey Meyers, Board Member

William O'Fallon, Board Member

Gail Dapolito, Executive Secretary

ALSO PRESENT:

Steven Bauer

Suzanne Epstein

William Freas

Neil Goldman

Steve Kozlowski

Philip D. Noguchi

Marjorie Shapiro

Jay Siegel

Kathryn E. Stein

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(5:00 p.m.)

1  
2  
3 MS. DAPOLITO: I'd like to welcome you to  
4 today's committee meeting, BRM Advisory Committee.  
5 We're a couple of people short here. We're waiting  
6 for Doctor Siegel to join us. And we have another  
7 member, Doctor Bauer isn't here.

8 Does everybody have a couple of seconds we  
9 can wait for those folks to show up? I think we're  
10 tracking them down now.

11 In the meantime, I do want to let you  
12 know, we have a transcriber here so would everyone  
13 please identify themselves whenever they do speak.  
14 And in order to reduce the background noise -- it  
15 sounds pretty good right now, but it might be helpful  
16 if you have a mute button, and then just remember to  
17 release it when you want to speak.

18 Does everyone have the AT&T phone number  
19 and the ID number in case they get disconnected? Does  
20 anybody not have it? Okay.

21 PARTICIPANT: Can you give it to us again?

22 MS. DAPOLITO: I'd be glad to. It's 1-  
23 800-545-4387, and you'll need to give them the ID  
24 number which is R-64801.

25 Doctor Berman?

1 DOCTOR BERMAN: Yes.

2 MS. DAPOLITO: This is Gail. I shall turn  
3 it over to you for a roll call. Would you like to do  
4 that?

5 DOCTOR BERMAN: I don't have --

6 MS. DAPOLITO: Since we already went  
7 through?

8 What I'd like to do then is go around the  
9 table here --

10 DOCTOR BERMAN: Right. Why don't we go  
11 around formally now?

12 MS. DAPOLITO: Okay.

13 DOCTOR BERMAN: This is Doctor Ellin  
14 Berman. I'm at Sloan-Kettering in New York.

15 MS. DAPOLITO: Doctor Hong?

16 DOCTOR HONG: Dick Hong, University of  
17 Vermont.

18 MS. DAPOLITO: Doctor Auchincloss?

19 DOCTOR AUCHINCLOSS: This is Doctor Hugh  
20 Auchincloss, Boston Mass General Hospital.

21 MS. DAPOLITO: Doctor Kleinerman?

22 DOCTOR KLEINERMAN: Doctor Eugenie  
23 Kleinerman, MD Anderson -- Center.

24 MS. DAPOLITO: Doctor Hartigan?

25 DOCTOR HARTIGAN: Doctor Hartigan at the

1 VA in West Haven, Connecticut.

2 MS. DAPOLITO: Doctor O'Fallon?

3 DOCTOR O'FALLON: Doctor Michael O'Fallon,  
4 the Mayo Clinic.

5 MS. DAPOLITO: Ms. Meyers?

6 MS. MEYERS: Abbey Meyers, National  
7 Organization for Rare Disorders.

8 MS. DAPOLITO: And Doctor Goldsby?

9 DOCTOR GOLDSBY: Dick Goldsby, Department  
10 of Biology, Amherst College.

11 DOCTOR BERMAN: And this is Doctor Berman  
12 again speaking that I received a fax from Doctor Carol  
13 Miller, to tell me that she will be unable to  
14 participate in this afternoon's conference.

15 MS. DAPOLITO: Okay.

16 We'll go around the room now and identify  
17 ourselves here. We can start on my right.

18 DOCTOR EPSTEIN: Suzanne Epstein, Division  
19 of Cellular and Gene Therapies.

20 DOCTOR BAUER: Steve Bauer, Division of  
21 Cell and Gene Therapies.

22 MS. DAPOLITO: Dr. Siegel? Sorry.

23 DOCTOR SIEGEL: I just put a cookie in my  
24 mouth. I thought it was going the other direction.

25 Jay Siegel, Office of Therapeutics

1 Research and Review.

2 DOCTOR STEIN: Katy Stein, Division of  
3 Monoclonal Antibodies.

4 DOCTOR GOLDMAN: I'm Neil Goldman, the  
5 Associate Director for Research at CBER.

6 DOCTOR KOZLOWSKI: Steve Kozlowski,  
7 Division of Monoclonal Antibodies.

8 DOCTOR SHAPIRO: Margie Shapiro, Division  
9 of Monoclonal Antibodies.

10 MS. HARVEY: -- Harvey, Committee  
11 Management Specialist for the BRM Advisory Committee.

12 DOCTOR FREAS: Bill Freas from the  
13 Advisory Committee staff.

14 DOCTOR BERMAN: Okay, well, thank you very  
15 much.

16 I think next, Doctor Siegel, did you want  
17 to address us next?

18 DOCTOR SIEGEL: Well, just for a moment to  
19 offer a particular expression of appreciation and  
20 thanks. We've discussed this before. You all know  
21 how important these assessments are to us and I can  
22 assure you that in the recent site visits you've done,  
23 very careful attention has been paid to the  
24 recommendations in terms of providing resources and  
25 planning directions for the research programs that

1 have been looked at. We anticipate the same here.

2 I know that this was extremely difficult  
3 to schedule, and I'm particularly appreciative of the  
4 fact that at least for those of you in the East, this  
5 is heading toward the end of the day and I appreciate  
6 your giving your time for this very much.

7 MS. DAPOLITO: Doctor Berman, this is  
8 Gail.

9 DOCTOR BERMAN: Right.

10 MS. DAPOLITO: With your permission, I'd  
11 like to read the Conflict of Interest Statement.

12 DOCTOR BERMAN: All right.

13 MS. DAPOLITO: Okay. "This announcement  
14 is made a part of the record at this meeting of the  
15 Biological Response Modifiers Advisory Committee on  
16 September 17, 1997.

17 Based on the agenda made available, it has  
18 been determined that all committee discussions related  
19 to the review of the intramural research program for  
20 the Laboratory of Molecular and Developmental  
21 Immunology, Division of Monoclonal Antibodies; and the  
22 individual research program of Doctor Bauer in the  
23 Laboratory of Molecular Immunology, Division of  
24 Cellular and Gene Therapies, present no potential for  
25 a conflict of interest.

1           In the event that the discussions involve  
2 specific products or firms not on the agenda for which  
3 FDA's participants have a financial interest, the  
4 participants are aware of the need to exclude  
5 themselves from such involvement and their exclusion  
6 will be noted for the public record.

7           With respect to all other meeting  
8 participants, we ask in the interest of fairness that  
9 they address any current or previous financial  
10 involvement with any firm whose products they wish to  
11 comment upon."

12           And Doctor Berman, I just would like to  
13 ask if there's anyone present who would like to  
14 comment during the Open Public Hearing, and I'll ask  
15 Doctor Freas to check in the hallway.

16           DOCTOR FREAS: There's nobody here.

17           MS. DAPOLITO: Did you hear that?

18           We have no public comment at this time,  
19 and I shall turn it over to you, Doctor Berman.

20           DOCTOR BERMAN: Thank you very much.

21           What I would like to do is first ask those  
22 who are directly involved in this site visit review to  
23 leave the room, if you would. I believe we'll be  
24 discussing you individually.

25           I believe, Doctor Stein, that was the name

1 I heard clearest. I think since we'll be reviewing  
2 you first, would you mind if you left for a few  
3 minutes?

4 DOCTOR STEIN: I don't mind at all.

5 MS. DAPOLITO: Doctor Berman?

6 DOCTOR BERMAN: Yes.

7 MS. DAPOLITO: We have on the agenda, a  
8 short overview of the program.

9 DOCTOR BERMAN: Oh, fine. Right, I see it  
10 right here.

11 Doctor Stein, we need you back.

12 DOCTOR STEIN: I thought I could get out  
13 of this one. Good try. I tried to get out the door.

14 Well, I think there's a good deal of  
15 detail in the book itself on the research program.  
16 The Laboratory of Molecular and Developmental  
17 Immunology is one of three laboratories in the  
18 Division of Monoclonal Antibodies. The research is  
19 conducted by four investigators in the areas of the  
20 immune response to thymus independent and thymus  
21 dependent forms of polysaccharide and B cell signal  
22 transduction in response to thymus independent  
23 stimuli, and that's in the Stein lab; characterization  
24 of B cell surface markers and regulation of antibody  
25 gene expression in the Shapiro lab; pathogenesis of

1 autoimmunity in the Miller lab; and the role of co-  
2 stimulation molecules in T cell activation in the  
3 Kozlowski lab.

4 The area of expertise of the investigators  
5 relates to the work that they do in terms of the  
6 review program. The Laboratory of Molecular and  
7 Developmental Immunology has primary regulatory  
8 responsibility for the review of applications dealing  
9 with antibodies to stem cells and other lineage  
10 markers, immunoglobulins, adhesion molecules, some  
11 cytokines and infectious agents.

12 In addition, the staff provide a major  
13 consultative role in the review of the monoclonal  
14 antibodies conjugated to drugs, used in conjunction  
15 with devices and in gene therapy protocols. Some of  
16 the staff provide clinical reviews for antibodies used  
17 in autoimmune disease and oncology settings, and they  
18 provide a major policy input into the regulation of  
19 monoclonal antibodies in the area of genetically  
20 engineered antibodies and antibodies used as drugs and  
21 devices.

22 The IND workload is shown in a figure  
23 that's in your book and I won't go into that. It's a  
24 rather heavy workload. The monoclonal area has really  
25 matured in the last few years after a number of early,

1 shall we say, false starts. Many protocols have now  
2 matured to Phase III status and to license  
3 application. Indeed, we expect a number of new  
4 applications to come in this year. We have several  
5 underway and a number of the investigators in the  
6 laboratory will be major product reviewers and BLA  
7 chairs during this year.

8 I think that's all I'm going to say. I  
9 think that we try to have an integrated program,  
10 again, where the expertise in the laboratory is used  
11 in our review and policy programs. I think we have an  
12 ongoing effort to try to keep those integrated as both  
13 research projects as well as just providing scientific  
14 expertise.

15 Thank you.

16 DOCTOR BERMAN: Thank you, Doctor Stein.

17 Doctor Epstein, are you there?

18 DOCTOR EPSTEIN: Yes?

19 DOCTOR BERMAN: Would you give us an  
20 overview of the research program of Doctor Steven  
21 Bauer who is in the Laboratory of Molecular  
22 Immunology.

23 DOCTOR EPSTEIN: Yes, and I may ask a  
24 clarification first. I had prepared remarks that were  
25 a bit more detailed, about seven minutes. Do you

1 prefer I omit discussion of the actual research  
2 program, or is that okay?

3 DOCTOR BERMAN: Just that, or in a way,  
4 yes, I think that's fine. I think that most of us who  
5 actually weren't at the site visit, since I was the  
6 only one there, don't have a real feeling for Doctor  
7 Bauer's work. So, if you could condense it or read  
8 it, that's fine.

9 DOCTOR EPSTEIN: Okay, I'll try and  
10 condense it.

11 The Molecular Immunology Laboratory was  
12 originally established in 1986 in the former Division  
13 of Biochemistry and Biophysics, but has since  
14 transferred to Cell and Gene Therapy. The staff have  
15 participated in review of numerous IND applications  
16 for gene therapies mediated by adenovirus, retrovirus  
17 and plasmid vectors, cellular therapies and biological  
18 devices. In addition, they've made contributions to  
19 policy development in the areas of gene therapy and  
20 use of transgenic animals, leading the development of  
21 two Points to Consider documents in these areas.  
22 There are currently only two research programs due to  
23 staff transfers. Besides Doctor Bauer's research, the  
24 other program focuses on immune responses to viral  
25 infections and to viral and plasmid vectors, and

1 that's my laboratory.

2 Doctor Bauer's research has centered on  
3 molecular mechanisms in normal B cell development and  
4 neoplastic transformation. Before coming to CBER, he  
5 was a Scientific Member at the Base Institute of  
6 Immunology. And he there developed transgenic animals  
7 over expressing the myc oncogene. The studies  
8 identified four distinct pre-B tumor phenotypes.

9 Since coming to the FDA, he's continued to  
10 use myc oncogene transgenic mice to study B cell  
11 development and tumorigenesis. Molecular and cell  
12 surface studies of pre-B cell tumors revealed a  
13 correlation between expression of the surrogate  
14 immunoglobulin complex and down-regulation of RAG gene  
15 expression, suggesting an explanation for allelic  
16 exclusion.

17 He has also studied the role of oncogene  
18 collaboration in B-lineage tumors in these mice.  
19 Studies of p53 revealed that 30 percent of myc-induced  
20 B-lineage tumors had either mutations or loss of p53  
21 expression. And he has established an RT-PCR assay  
22 capable of quantifying expression of 20 different  
23 oncogenes for further studies of the multi-step  
24 process of tumorigenesis and collaboration. This is  
25 essential to our assessment of many cancer gene

1 therapies.

2 Doctor Bauer's recent work is focused in  
3 two areas. First, his discovery of the role of the  
4 dlk protein in governing cell-cell contact in B cell  
5 development. This protein, a member of the EGF-like  
6 homeotic gene family was already known to influence  
7 differentiation of one bone marrow cell type, pre-  
8 adipocytes. Pre-B cells normally require both stromal  
9 cell contact and IL-7 to proliferate in vitro. His  
10 new finding is that down-regulation of stromal cell  
11 surface dlk expression results in the growth of pre-B  
12 cells in the absence of IL-7, thus identifying dlk as  
13 a key molecule governing signaling between pre-B cells  
14 and stromal cells. This project was done with Doctor  
15 Jorge Laborda in the Division of Monoclonal  
16 Antibodies, and serves as a model for collaboration  
17 between divisions within CBER. This work is the  
18 beginning of a crucial understanding of stromal cell-  
19 stem cell interactions, given the growing interest in  
20 and importance of in-vitro propagation of cells and  
21 tissues. These are parts of gene therapy, tissue  
22 engineering, and xenotransplantation, all areas that  
23 CBER deals with.

24 The second area of investigation is the  
25 basis of genetically determined susceptibility or

1 resistance to retrovirus-induced tumorigenesis. Using  
2 retroviruses carrying abl+myc or raf+myc, Doctor Bauer  
3 has shown that B lineage cells from mice resistant to  
4 tumorigenesis, mainly DBA/2, can be infected and  
5 transformed in vitro. And others have reported that  
6 the IL-7/JAK-STAT signal transduction pathway is  
7 constitutively activated by the abl kinase. Doctor  
8 Bauer's work has shown this pathway is also activated  
9 by the abl-myc virus. However, in contrast, his work  
10 has shown that the raf-myc retroviral infection  
11 abrogates IL-7 dependence by a different pathway.  
12 Advances in understanding of signal transduction have  
13 led to proposals of therapies targeting these  
14 pathways. His studies show that treatments at  
15 disruption of one particular signaling pathway could  
16 be ineffective since multiple pathways appear to cause  
17 similar tumors.

18           These two projects open significant areas  
19 of new investigation that Doctor Bauer's lab is  
20 pursuing.

21           Since coming in 1992, Doctor Bauer has  
22 reviewed 22 IND original submissions, 114 amendments,  
23 10 Master Files, 11 device applications, and has post-  
24 market oversight for a licensed product. Many of  
25 these submissions raised novel and complex issues,

1 such as the first adenoviral gene therapy IND with  
2 contamination with replication competent adenovirus as  
3 an issue. The dissemination of vectors to the  
4 tissues, including gonadal dissemination which has the  
5 potential for germline alteration, where his PCR  
6 expertise has been critical. He has also confronted  
7 novel issues in assessing device applications. This  
8 allowed him to pioneer CBER's finding of substantial  
9 equivalence between immunoassay-based HLA typing kits  
10 and PCR-based kits.

11 Doctor Bauer has demonstrated a talent for  
12 cooperation and leadership in policy development,  
13 working with Doctor Joy Cavagnaro on the transgenic  
14 animal points to consider, and with members from the  
15 Centers for Veterinary Medicine, Drugs and Biologics,  
16 Center for Devices and Department of Agriculture. His  
17 expertise in molecular biology and use of transgenic  
18 animals were critical for the scientific framework of  
19 that document. He has also participated in the  
20 development of guidelines on xenotransplantation.

21 Because of his important contributions to  
22 CBER's research and regulatory mission, the Division  
23 of Cellular and Gene Therapies has recommended  
24 continued support for his laboratory and his  
25 conversion to a permanent FDA position. This

1 recommendation was presented to the May 9th site visit  
2 committee in asking them to evaluate him for  
3 conversion to permanent status.

4 Thank you.

5 DOCTOR BERMAN: Thank you, Doctor Epstein.

6 (Whereupon, the proceedings went  
7 immediately into Closed Session.)

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